

**VERIFICATION OF REAL PROPERTY****This page to be completed by applicant. (response is required for disaster assistance)**

Please complete items 1 through 10 and return with the application package.

|                                      |  |   |   |   |  |  |  |  |   |  |   |  |   |  |
|--------------------------------------|--|---|---|---|--|--|--|--|---|--|---|--|---|--|
| 1. Name of applicant                 | 2. Telephone No.<br>Home:<br>Business: | Show the names of intersecting streets nearest to the damaged property. <table border="1"> <tr> <td></td> <td>N</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>S</td> <td></td> </tr> </table> |   | N |  |  |  |  | W |  | E |  | S |  |
|                                      | N                                      |   |   |   |  |  |  |  |   |  |   |  |   |  |
|                                      |  |   |   |   |  |  |  |  |   |  |   |  |   |  |
| W                                    |  |   | E |   |  |  |  |  |   |  |   |  |   |  |
|                                      | S                                      |   |   |   |  |  |  |  |   |  |   |  |   |  |
| 4. Person to contact for appointment | 5. Telephone No.<br>Home:<br>Business: |   |   |   |  |  |  |  |   |  |   |  |   |  |
| 6. Address of damaged property       |  |   |   |   |  |  |  |  |   |  |   |  |   |  |
| 7. Directions to damaged property    |  |   |   |   |  |  |  |  |   |  |   |  |   |  |

To help us address and estimate all areas of disaster related damage(s), place a mark ( **X** ) in the corresponding box to identify areas of damage below.**8. PERSONAL PROPERTY ( Contents)**

- ☐ No Damage
 ☐ Appliances
 ☐ Vehicle (A copy of the current registration must be submitted).
- ☐ Furniture
 ☐ Clothing
 ☐ \_\_\_\_\_

To help us address and estimate all areas of disaster related damage(s), place a mark ( **X** ) in the corresponding box to identify areas of damage below.**9. REAL ESTATE**

- |  |                                   |   |   |   |   |
|--|-----------------------------------|---|---|---|---|
| <input type="checkbox"/> No Damage       | <input type="checkbox"/> Driveway | <input type="checkbox"/> Foundation     | <input type="checkbox"/> Doors/Windows  | <input type="checkbox"/> Fixtures         | <input type="checkbox"/> Garage           |
| <input type="checkbox"/> Landscaping     | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Basement       | <input type="checkbox"/> Interior Walls | <input type="checkbox"/> Electrical       | <input type="checkbox"/> Carport          |
| <input type="checkbox"/> Fence           | <input type="checkbox"/> Steps    | <input type="checkbox"/> Fireplace      | <input type="checkbox"/> Ceiling        | <input type="checkbox"/> Plumbing         | <input type="checkbox"/> Patio            |
| <input type="checkbox"/> Retaining Walls | <input type="checkbox"/> Landing  | <input type="checkbox"/> Roof           | <input type="checkbox"/> Floor Covering | <input type="checkbox"/> Furnace          | <input type="checkbox"/> Storage Building |
| <input type="checkbox"/> Soil Erosion    | <input type="checkbox"/> Porch    | <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Floors         | <input type="checkbox"/> Air Conditioning |   |
| <input type="checkbox"/> Swimming Pool   | <input type="checkbox"/> _____    | <input type="checkbox"/> _____          | <input type="checkbox"/> _____          | <input type="checkbox"/> _____            |   |

**10. Applicant:** A Loss Verifier will be assigned to make contact with you or your designated representative and make arrangements to inspect the damaged property. The Loss Verifier will verify all disaster related damages. If you wish to make the Loss Verifier aware of any special conditions or potential difficulties in scheduling an on-site appointment, please use the space provided below. (continue on reverse if necessary)

**Applicant Signature and Date:**

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration; Chief, AIB; 409 3rd St., SW, Washington DC 20416 and Desk Officer for the Small Business Administration; Office of Management and Budget, New Executive Office Building, Washington, DC 20503. OMB Approval (3245-0018).

